

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/581583	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
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7							57						
8	/		/				58						
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12		/					62						
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42	/		/				92						
43		/		/			93						
44		/		/			94						
45		/					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12		4										
TOTAL DEP.	33												
TOTAL CLAIMS	45		15										